

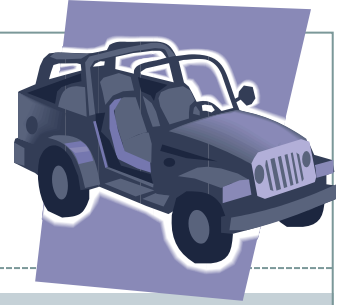


DEVELOPMENTAL SERVICES DIVISION

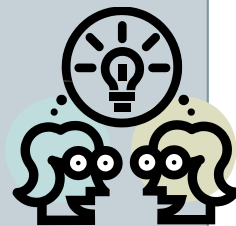
CHILDREN'S MENTAL HEALTH BUREAU

AUGUST 2, 2013
(REPLACES ALL PRIOR DATED VERSIONS)

Purpose of Today's Training



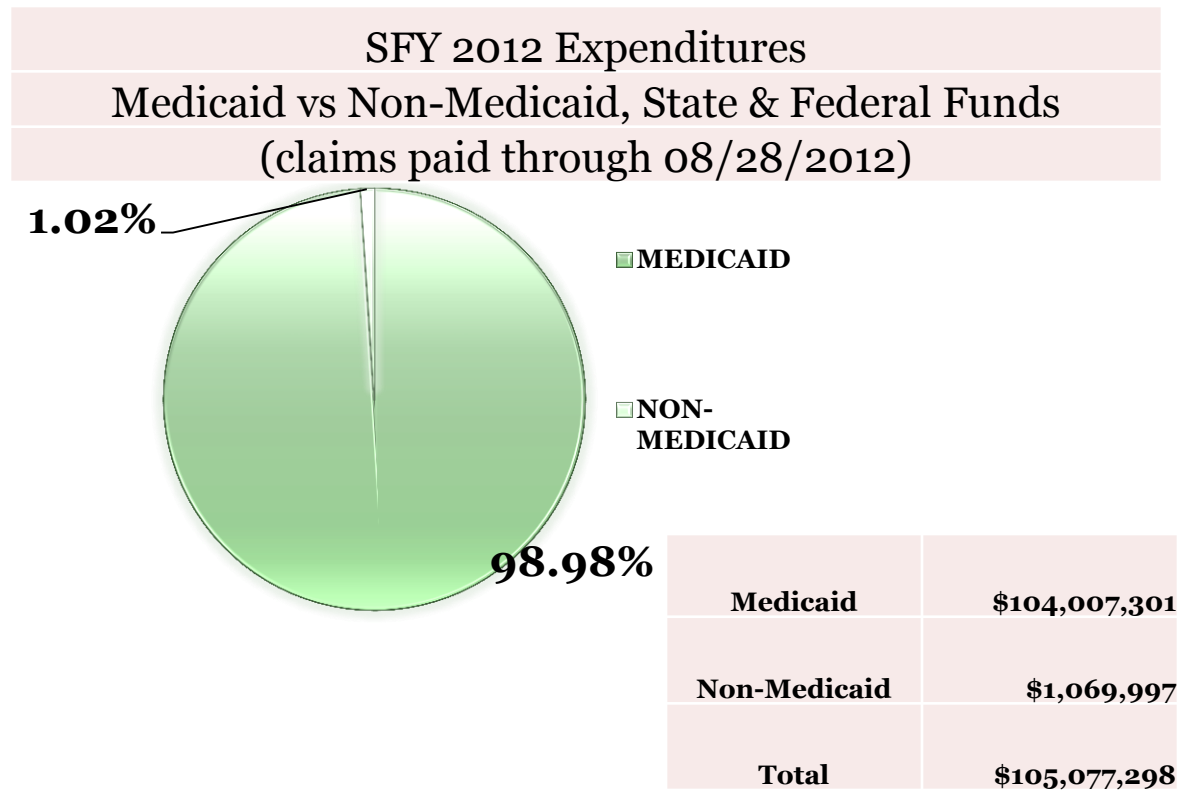
- To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving youth needing mental health services.
- Provide an overview of CMHB.
- To review recent policy changes affecting children's mental health services.
- To review upcoming opportunities and to answer questions from participants.



Who we are?

Mission: Supporting Montana youth and families in accessing effective mental health care to meet their needs.

The Children's Mental Health Bureau (CMHB) manages state funded children's mental health services, which is primarily Medicaid funding.





**CMHB
Administrative
Functions:**

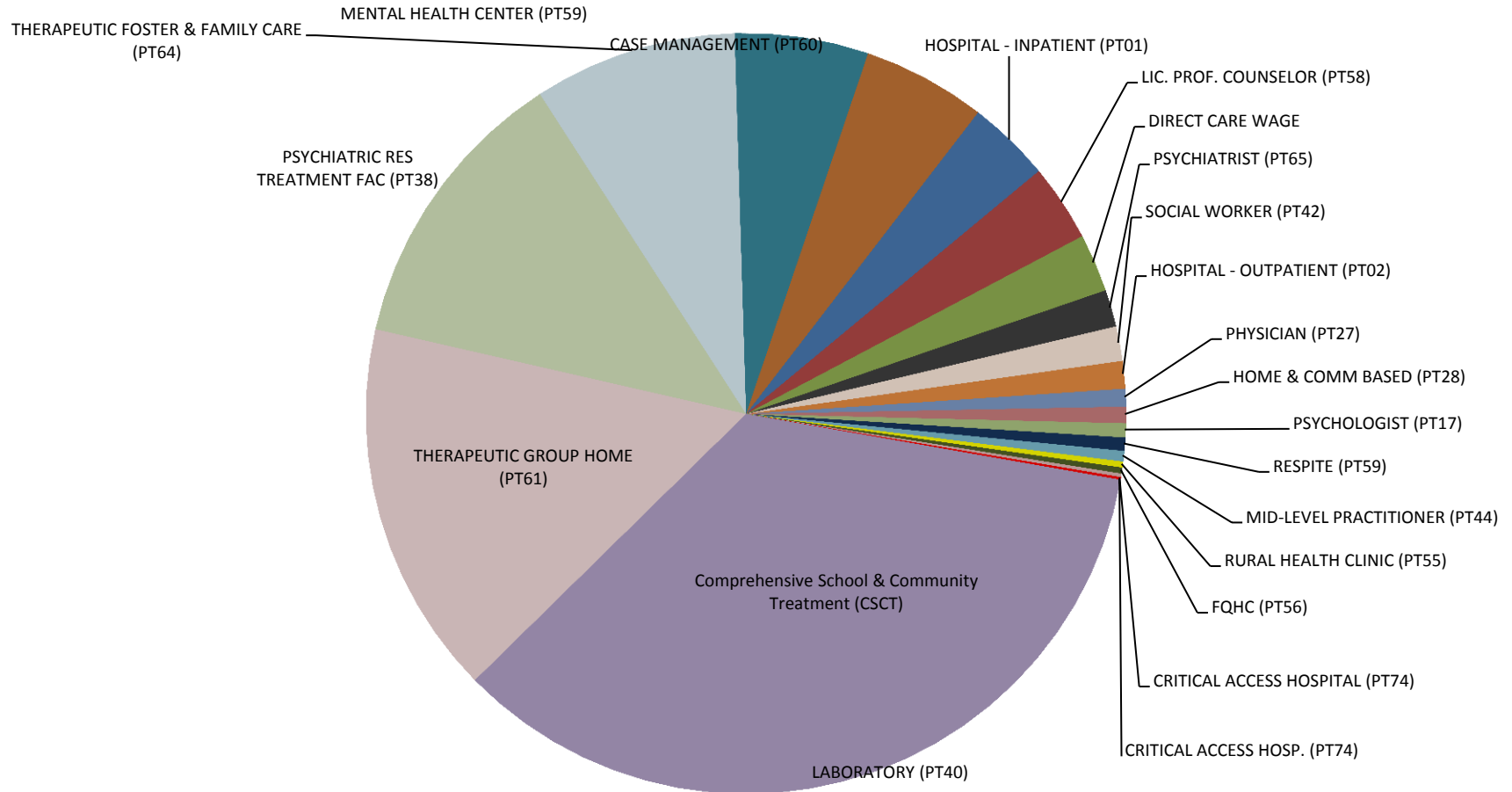
- ✓ Design
- ✓ Develop
- ✓ Manage
- ✓ Evaluate

All in accordance with Federal and State Rules and Regulations.

Medicaid is a payer, not a placing agency. CMHB does not “place kids”. CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

Montana Medicaid Programs for Children's
Mental Health

Services reimbursed by HMK plus (Medicaid) BY Provider Type



**CMHB MEDICAID FUNDED MENTAL HEALTH SERVICES
BASED ON SFY 2011 CLAIMS**

Youth Served by Provider Type (duplicated)



Service Expenditure	# Served	Expenditures	
Comprehensive School & Community Treatment (CSCT)	4,024	\$ 39,502,742	34.9%
THERAPEUTIC GROUP HOME (PT61)	599	\$ 18,052,413	15.9%
PSYCHIATRIC RES TREATMENT FAC (PT38)	443	13,938,340	12.3%
THERAPEUTIC FOSTER & FAMILY CARE (PT64)	1,352	9,793,334	8.6%
MENTAL HEALTH CENTER (PT59)	2,415	6,435,186	5.7%
CASE MANAGEMENT - MENTAL HEALTH (PT60)	4,017	5,951,009	5.3%
HOSPITAL - INPATIENT (PT01)	620	4,006,168	3.5%
LICENSED PROFESSIONL COUNSELOR (PT58)	5,375	3,715,322	3.3%
DIRECT CARE WAGE (CMHB) - Not a Service Type		2,798,118	2.5%
PSYCHIATRIST (PT65)	3,075	1,777,570	1.6%
SOCIAL WORKER (PT42)	3,076	1,662,996	1.5%
HOSPITAL - OUTPATIENT (PT02)	2,302	1,326,441	1.2%
PHYSICIAN (PT27)	4,070	853,492	0.8%
HOME & COMM BASED SERVICES (PT28)	74	789,861	0.7%
PSYCHOLOGIST (PT17)	1,211	678,680	0.6%
RESPIRE (PT59)	809	638,318	0.6%
MID-LEVEL PRACTITIONER (PT44)	1,721	508,550	0.4%
RURAL HEALTH CLINIC (PT55)	715	287,446	0.3%
FEDERALLY QUAL HEALTH CENTER (PT56)	609	285,969	0.3%
PERSONAL CARE AGENCY (PT12)	26	170,553	0.2%
CRITICAL ACCESS HOSPITAL (PT74)	472	124,295	0.1%
LABORATORY (PT40)	126	8,588	0.0%
Total Children's Medicaid Mental Health and CSCT	14,184	\$ 113,305,391	100%
Expenditures through October 23, 2012 based on Date of Service. Providers have 365 days to bill.			
Includes CHIP funded HMK+ Medicaid Expansion and CSCT School Match Expenditures.			

CMHB HMK *Plus*/Medicaid Eligibility

Eligibility Requirements:



Medicaid/ HMK Plus served approximately 13,500 youth, with approximately \$105 million dollars in SFY 2012.

Youth **under 18** years of age (or up to 20 if still **in an accredited secondary school**) who meet the definition of having a **serious emotional disturbance** with household **income under 133% FPL**

- **Non SED youth** up to 18, (or up 20 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited. Find the full definition of SED at <http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E87> ARM 37.87.303

Managing Services through Utilization Review



- Contract with Magellan Medicaid Administration (MMA) for the clinical review of medical necessity and prior authorization for some services, physician reviews and appeals, maintenance of electronic records, and service utilization reporting.
- The Department defines medical necessity criteria for each service in the CMHB Provider Manual and Clinical Guidelines for Utilization Management which can be found at <https://montana.fhsc.com/Providers/YouthManuals.asp>
- MMA uses the professional resources of its National Review Center in Richmond, VA, where it employs staff nurses, social workers, psychologists, and board certified psychiatrists



Magellan Administration Utilization Review Contract Changes



- 2013 Legislature reduced budget.
- Federally required utilization review will continue through Magellan.
- Other significant changes are being made to the contract and will be communicated as CMHB knows other details.



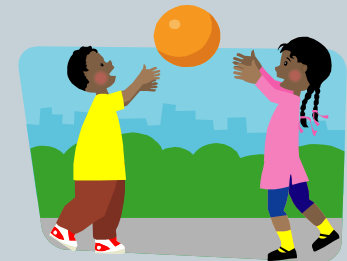
Non-Medicaid Programs (State General Fund)



CMSHP rules have been repealed effective May 1, 2013.

For more information see MAR 37-626

http://www.mtrules.org/notice/MAR_Search.asp



Policy and Rule Changes



CMHB communicates policy and rule changes through public notice via websites and emails. To become an interested party who receives rule changes, email Melissa Higgins: mhiggins@mt.gov

Keep Email updated in Xerox Claim System!

Xerox Provider Relations Helpline: 1.800.624.3958

Montana Medicaid Provider Information Website

- <http://medicaidprovider.hhs.mt.gov/index.shtml>

Montana Secretary of State Website

- <http://www.mtrules.org/>





PRTF Rule Changes



- MAR 37-630 notices proposed PRTF rule changes. The first notice can be found at <http://www.mtrules.org/gateway/ShowNoticeFile.asp?TID=4754>
- On May 16, 2013, at 11:00 a.m., DPHHS held a public hearing. Concerned persons submitted their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments were submitted to the Department.
- Adoption of MAR37-630 is delayed pending Centers for Medicaid State Plan Approval.



PRTF Provider Notices



- CMHB published a provider notice on 02/19/2013 regarding the following:
 - A. Discharge planning requirements.
 - B. Magellan Administration Regional Care Coordination attendance at monthly treatment team meetings.

Review the full notice at:

http://medicaidprovider.hhs.mt.gov/pdf/provider_notices/2013/prtfdcreq02192013.pdf

- CMHB published a provider notice on 04/02/13 that the Interstate Compact on the Placement of Children (ICPC) is required upon placement for out-of-state providers and that Medicaid eligibility is based on the parent or legal guardian's state of residence, not the youth's treatment or presence in a PRTF.

Review the full notice at:

http://medicaidprovider.hhs.mt.gov/pdf/provider_notices/2013/prtfdcreq02192013.pdf

Home Support Services/Therapeutic Foster Care/Therapeutic Foster Care, Permanency

- New HSS/TFC/TFC-P rules adopted and effective January 31, 2013.

Major Provisions include:

- ✓ Renaming the program
- ✓ Allowing mental health centers to provide HSS only without being a Child Placement Agency
- ✓ Requiring providers to be both a mental health center and a child placing agency to provide TFC/TFC-P services.
- ✓ Requiring the clinical lead (Treatment Supervisor) to be licensed or in-training.
- ✓ Added the requirement that families may pick the treatment team.
- ✓ Requiring the individual treatment plan be based on the strengths, needs, and culture of the family.





Home Support Services/Therapeutic Foster Care/Therapeutic Foster Care, Permanency

Provisions *continued*

Requiring a functional behavioral assessment identifying potential crisis within 14 days of intake and update every 90 days.

- ✓ Defining what types of interventions are expected such as skill building, care coordination etc.
- ✓ Redefining caregiver to allow the service to follow the youth when being cared for by a person that is not the legal guardian.
- ✓ Requiring program and program staff use an research based program.

The following provisions will not be implemented until November 15, 2013:

ARM 37.87.1401 (5) and ARM 37.87.1411 (7), which state targeted case management will not be reimbursed concurrently with HSS, TFC or TFOC-P.

ARM 37.87.1410 (4) (b), which states that a clinical lead must provide therapy to the caregiver and family when it is identified as a need in the individual treatment plan.

Comprehensive School and Community Treatment (CSCT) Rule Changes



- Two EPSDT rules have been repealed and there are three new CMHB Rules.
- New Rule I prescribes an order for considering referrals to the program as determined by acuity and need.

New Rule II requires a contract between the mental health center and school district, specifying:

- Details about services and staffing;
- What the school will provide in terms of space, technology, transportation, etc;
- The referral process to CSCT;
- There must be a PBIS in the school;
- Training offered by the school and mental health center (including to parents);
- Data to be shared; and
- Administrative requirements.



Comprehensive School and Community Treatment (CSCT) Rule Changes



- New Rule III specifies reimbursement requirements..
- The school **must submit the following to the Department each year to maintain a CSCT program:**
 - Certification of Match documentation
 - The contract
 - Reenrollment (July 15, 2013 and thereafter)
 - An annual report on effectiveness prepared jointly by the school and mental health center.
- Youth without SED may receive services, up to 5 hours, within guidelines.

Licensing Rule Changes Affecting Schools



- The Child and Adolescent Needs and Strengths (CANS) will be initiated for every youth in CSCT starting July 1, 2014.
- Signed referrals are required (Parent/guardian and person referring).
- Required annual staff training includes PBIS.





“Bridge” Waiver

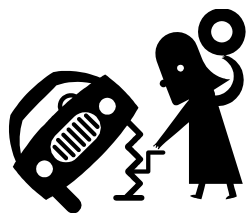


- The “Bridge” Waiver is a Medicaid HCBS Waiver that began 10/1/12.
- Only those youth actively enrolled in the PRTF Demonstration Waiver on 9/30/12 were enrolled into the “Bridge” Waiver.
- The purpose of the “Bridge” Waiver is to support youth in need of Psychiatric Residential Treatment Facility level of care to remain with their family in their homes and communities.
- Youth enrolled in the “Bridge” Waiver have individualized Plans of Care and access to a package of Home and Community Based Services.
- High Fidelity Wraparound Facilitation is provided for all youth enrolled in the “Bridge” Waiver.
- Youth enrolled in the “Bridge” Waiver also have access to all Medicaid state plan services except for targeted youth case management (as the care coordination is provided by a wraparound facilitator.)
- The cost of a youth’s “Bridge” Waiver services plus Medicaid state plan services cannot exceed the average PRTF facility cost for the period the youth is enrolled in the “Bridge” Waiver.
- To remain eligible for the “Bridge” Waiver a youth must be Medicaid-eligible, be age 6–17, and continue to meet PRTF level of care for each year in the “Bridge” Waiver.
- Youth must live in a family in order to receive “Bridge” Waiver services.
- “Bridge” Waiver services cannot be provided while a youth is in a PRTF or hospital.

Montana 1915(i) Home and Community-Based Services State Plan Amendment

- Montana is a Medicaid HCBS State Plan Amendment that began January 1, 2013.
- Youth must be Medicaid-eligible, meet SED criteria, meet needs-based eligibility criteria, be age 5 through 17, and require one 1915(i) service.
- The purpose of Montana 1915(i) is to support youth with high needs in a home and community setting.
- 1915(i) is available statewide.
- Youth must live in a family in order to receive Montana 1915(i) services.
- Oversight of the 1915(i) is provided by CMHB Regional Managers.
- Youth enrolled in Montana 1915 (i) have access to all other Medicaid state plan services except for targeted youth case management (as the care coordination is provided by a wraparound facilitator.)
- Services are the same as in the “Bridge” Waiver with the addition of Youth Peer to Peer, Specialized Evaluation Services, Crisis Intervention Service and Co-Occurring Services.
- To remain eligible for Montana 1915 (i) a youth must be Medicaid-eligible, be age 5 through 17, and continue to meet needs-based eligibility criteria for each year in the program.





Future Rule Changes



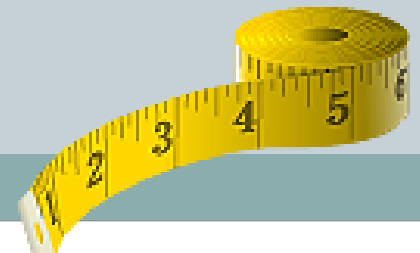
- **Home Support Service/Therapeutic Foster Care/Therapeutic Foster Care, Permanency:** New HSS/TFC/TFC-P rules took effect 01/31/2013. CMHB and providers are reviewing medical necessity criteria and evaluating prior rule provisions. New rules are in the process of being drafted.
- **1915(i):** CMHB is revising program to engage providers in a process to make necessary revisions to the program. Program revisions soon to be released.
- **DSM-IV to DSM-V:** Rule prescribes SED diagnosis based on DSM-IV. The American Psychiatric Association is publishing a new manual in May with different diagnosis and codes. SED rule will need to be revised to update the new codes.

Child and Adolescent Needs and Strengths



- CANS, or Child and Adolescent Needs and Strengths, is a comprehensive functional assessment tool developed by John S. Lyons, PhD. The CANS is an item level tool that allows for the identification of a child's and family's strengths and needs to inform service planning activities. The CANS is also an outcome monitoring and measurement tool that can inform various levels of the child and family serving system. For more information and a Q &A regarding CANS, see the following link:

<http://www.dphhs.mt.gov/mentalhealth/children/canfaq.shtml>



CMHBB and Effort to Engage Families



Family Inclusion



**Goal is to
inform
Medicaid policy**

Wraparound

Family Education
and Collaboration

**"Bridge" Waiver and
Montana i-home**



- Montana Peer Network
- Consumer Direct
- NAMI
- PLUK
- Family Support Network
- Federation of Families

Opportunities, Questions and Follow-Up??



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